

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 29 2019

PLEASE PRINT

II. Name of lobbyist's partners	hip, firm or corpo	ration, if any:		
New Hampshire Hospi	tal Association			
(Name of partne	rship, firm or corpora	ition)		
125 Airport Road	Conc	ord	NH	03301
Business Address: (Street)	(Town/City)		(State)	(Zip Code)
(603) 225-0900	(603)	225-4346	e-mail pminneha	n@nhha.org
(Telephone)	` /	(Fax)		
III. This statement covers: (Ch reportable expense transactionAll reportable transactions or	s which are not at	tributable to any o	one client).	
(Full Narr	e of Client as it appea	ars on the Lobbyist R	egistration Form)	
☐ All reportable transactions by unrelated to any particular client.	the lobbyist (includ	ling the lobbyist's	family), or the lobbying	firm listed below which
Reports cover: activity from dat	, 2018 🗍 e of registration to 3/	/31/18 activi	July 25, 2018 ity from 4/1/18 to 6/30/18	
	31, 2018 V n 7/1/18 to 9/30/18	activ	January 30, 2019 1 hity from 10/1/18 to 12/31/	18
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.	eceived and no r	eportable transa bmit it to the Secre	actions made since th tary of State's Office, St	te last report. ate House, Room 204,
VI. Check if additional reports	are attached:			
If you have received fees or r		you must file Add	endum A- Fees and Ex	penses
☐ If you have paid an honorarion Expense Reimbursement	ım or reimbursed e:	xpenses, you must	file Addendum B- Rep	ort of Honorariums or
If you, your firm, or your fam	nily has made politi	cal contributions, y	ou must file Addendur	n C– Political Contrib
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, F and complete to the best of my known (signature of lobbyist)	RSA 14-C and RSA		wear or affirm that the form $4/2$ $4/6$ (Date	oregoing information is
Paula Minnehan				
(Print Name of lobbyist)				

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STATE OF NEW HAMPSHIRE

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Steve Ahnen, Paula Minnehan, Kathleen B	izarro-Thunberg
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association (Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of libeting lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this regardly purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm he aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business ess than \$10 that is given to the person ied with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of a ter than \$25, but not greater than \$50 s, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$29,731
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$29,731
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$89,288
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief. (Signature of lobbyist)	4/24/19 (Date)
Paula Minnehan	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED

APR 29 2019

			nberg, Nick Carano
II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:	
New Hampshire Hospital	-	portuon, n any i	
	artnership, firm or corporation)		
III Name of Client			Data
II. Name of Client Date			
Political Contributions			
•	•		ter 664 paid on behalf of the
client/lobbyist and lobby	ing firm, indicate the fo	llowing:	
(
Full name of candidate:	Morse	Chuck	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	1 000	Office Candidate is	Seeking Senate
	11	011100 04114141010	
Full name of candidate:	Bradley	Jeb	
Full name of candidate:	Bradley (Last Name)	Jeb (First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	
Amount of contribution \$ _	(Last Name)	(First Name) Office Candidate is	Seeking Senate
Amount of contribution \$ _ If the contribution is an in-l	(Last Name) 500 kind contribution, provide	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate
Amount of contribution \$ _ If the contribution is an in-l	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co enter an estimated value an	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate s or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line about the word "estimate."	(First Name)Office Candidate is a description of the good ve for amount of contribu	Seeking Senate s or services provided, and enter the

ctual cost of the in-kind contribution on the line above for a	ription of the goods or services provided, and enter the amount of contribution. If the actual cost is not known
nter an estimated value and the word "estimate."	
f more than three contributions were made, report additional cont	tributions on separate addendum C forms.)
worn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and here	by swear or affirm that the foregoing information
s true and complete to the best of my knowledge and b	pelief.
$(\lambda, \lambda, \nu_{0})$	1,61,119
Signature of lobbyist	(Date)
Paula Minnehan	(=,
Print Name of lobbyist)	

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APR 2 9 2019

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation:
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) Paula Minnehan
(Print Name of lobbyist)

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(Print Name of lobbyist)

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Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)



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April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) $\frac{24 APR 2019}{\text{(Date)}}$
Nick Carano
(Print Name of lobbyist)

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Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 2 (Date)
Kathleen Bizarro-Thunberg
(Print Name of lobbyist)